



SAMPLE STATEMENT OF INTENTION TO DECLINE PARTICIPATION IN VOCATIONAL SERVICES

Claimant: _____

Claim #: _____

Employer: _____

Date of Injury: _____

I, _____, sustained an injury in the course of my employment as a _____, while working for _____. I recognize and have been informed that I am eligible to receive the vocational services, which are available under Washington's Workers' Compensation Laws, due to my industrial injury. Having been informed of my eligibility for these services, I have elected not to be provided with any further vocational services. My reason(s) for deciding not to take advantage of the offered vocational services are as follows:

(Injured worker to handwrite in this section the specific reasons vocational services are being declined)

I have discussed the availability of this assistance with my vocational counselor along with the status of my case and medical condition(s) resulting from the injury. I have been advised that I may consult with an attorney concerning my decision to not pursue vocational services, including the ability to consult with an attorney before signing the document.

☐ I have decided, of my own free will, not to consult an attorney before signing this document.

☐ I have consulted with an attorney regarding my decision not to pursue vocational services.

I understand that my decision not to participate in further vocational services may affect my eligibility to receive certain workers' compensation benefits including time loss payments. I also understand that, once closed, my claim cannot be reopened solely for vocational rehabilitation purposes.

Client Name	Claim Number	Date
Counselor's Name	Phone Number	Date
Witness	Relationship	Date